01/29/2008 14:02 FAX 9086547866 LOLKM **2**002/002 PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSON FEE Commissioner for Patents JAN 2 9 2008 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate all further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1. by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEB ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Pec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block I for may change of schiress) 530 7590 11/02/2007 Certificate of Mailing or Transmission LERNER, DAVID, LITTENBERG, I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mult in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimite transmitted to the USPTO (571) 273-2885, on the date indicated below. KRUMHOLZ & MENTLIK 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 (Depositor's name) (Signa (Date) ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR CONFIRMATION NO 03/25/2004 10/808.817 Tan-Loc Pham 01/30/2008 AROTER 10000078 121095 759 10808817 TITLE OF INVENTION: APPARATUS AND METIIOD FOR CUTTING SPINAL IMPLANTS 01 FC:1501 1440.00 DA 02 FC:1504 300.00 DA 93 FC:8901 42.00 DA APPLN. TYPE ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE SMALL ENTITY **TOTAL FEE(S) DUE** DATE DUS nonprovisional NO \$1440 \$300 \$1740 02/04/2008 EXAMINER ART UNIT CLASS-SUBCLASS FRIDIE JR, WILLMON 3722 082-101000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list LERNER, DAVID, LITTENBERG, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 KRUMHOLZ & MENTLIK, LLP (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Stryker Spine France Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4h. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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